

Research Inquiry

FAX THE COMPLETED FORM TO 202 / 727-6076

Requestor Information

Name:		
Occupation:		
Business or Academic Affiliation:		
Mailing Address:		
Phone:	(Work)	(Home)
Fax:		

Preliminary Information

Please check one of the following:

- ☐ An Office of Public Records (OPR) archivist is requested to assist me with preliminary investigation on records in the holdings of the DC Archives that are related to my research project.
- ☐ An OPR Archivist is requested to conduct the research for me on records in the holdings of the DC Archives.

May OPR personnel discuss your research subject with other researchers?

☐ Yes ☐ No

May OPR personnel tell other researchers which records you have used?

☐ Yes ☐ No

Record(s) Requested

Please describe the type of research that you are conducting, and need assistance with. (If necessary, attach another sheet with this information.)

Please list the type of records services that will be most helpful with your research.